

KANSAS REAL ESTATE COMMISSION

Three Townsite Plaza
120 SE 6th Avenue, Suite 200
Topeka, Kansas 66603-3511
www.krec.ks.gov (785)296-3411
fax: (785) 296-1771 email: krec@ks.gov

REQUEST FORM

Form No. RE-800

INSTRUCTIONS

Complete this form to request continuing education credit for a non-approved real estate related course. Courses completed prior to the issue date of your current license will not be considered for credit. Data may be entered before printing this form.

Please ensure prompt submission of all requests. If the request is denied, you will be required to complete another course prior to your license renewal date.

Licensees are limited to one appraisal-type course per two-year renewal period, for a maximum of three credit hours.

All distance, home study and online courses submitted for approval must require a closed-book, proctored final exam and a passing score of 70% or better, **or** an open-book, unproctored final exam and a passing score of 90% or better.

REQUIRED DOCUMENTATON

Include the following information with your request:

- 1. Course outline, brochure and any other documents which thoroughly describe the course content.
- 2. Background information on course instructors (resume, bio, etc.)
- 3. Evidence of course completion (if already completed) signed by the course sponsor/instructor, certifying you completed the course.

PROCESSING

To check CEU hours, click on "Check CEU hrs" at www.krec.ks.gov.

If you wish to receive confirmation of credit received, please include a self-addressed, stamped envelope with this form.

FEES

Enclose your credit card information (in the attached form) or a check or money order made payable to KREC in the amount of \$10.00 per course.

LICENCE	INFORMATION.					
LICENSEE INFORMATION: LICENSEE NAME			LICENSE NUMBER			
LICENSEE IVANIE			LICENSE NUMBER			
	ND PROVIDER INFORM	ATION:				
Course Title						
Course Date		Course Location	N	PROVIDER EMAIL	PROVIDER EMAIL	
HOURS OF INSTRUCTION (EXCLUDING MEALS AND BREAKS)		CONTACT PERSON	CONTACT PERSON OR INSTRUCTOR			
Course Spon	NSOR					
Provider Adi	DRESS					
CITY		STATE	STATE ZIP PHONE			
LICENSEE S	IGNATURE					
SIGNATURE				DATE SIGNED		
	Initials: COMMISSION USE ON					
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EDUCATION INDIVIDUAL REQUEST FORM

Form No. RE-800

CREDIT CARD PAYMENT INFORMATION

Licensee Name:	Card Holder: (if different than licensee)	Email Address: (optional/for electronic receipt)
Card Number:	Expiration Date:	Zip Code:
Card Type:		
☐ Visa ☐	MasterCard	n Express Discover

Submit to the Kansas Real Estate Commission by:

Email: krec@ks.gov

Fax: 785-296-1771

After processing your payment, this document will be shredded.

If you prefer to provide your credit card information by phone, call 785-296-3411.